MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07468

7503 CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Yellow Springs X
LENGTH OF STAY (in this place) 28 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Yellow Springs X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Yellow Springs X
STREET ADDRESS (If rural give location) Yellow Springs

3. NAME OF DECEASED: (Type or Print) (First) LOTTIE (Middle) (Last) ALLENDER

4. DATE OF DEATH: (Month) August (Day) 9 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 21, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin J. Raines

14. MOTHER'S MAIDEN NAME: Samantha Heddrick

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Baird Harman - Yellow Springs, Frederick Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Arteriosclerosis — Interval Between Onset And Death: 10 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes Mellitus — 10 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic ulcers of Legs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 19 48, to Aug 9, 19 54, that I last saw the deceased alive on Aug 9, 1954, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Laurence Zahniser MD ADDRESS Frederick. Md DATE SIGNED Aug 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF August 11, 1954 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 10 Aug. 1954 REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son--8 East Patrick Street Frederick, Maryland

VS. A15

RECEIVED
AUG 11 1954
BUREAU V. S.

7476

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 07469

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) FREDERICK
LENGTH OF STAY (In this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEM. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE NEW JERSEY COUNTY Bergen
CITY (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ HACKENSACK
STREET ADDRESS (If rural, give location) 231 JACKSON AVE.

3. NAME OF DECEASED: (Type or Print) (First) STELLARIO (Middle) (Last) ANDRONICO

4. DATE OF DEATH (Month) (Day) (Year) AUGUST 7, 1954

5. SEX:	6. COLOR OR RACE:	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	SEPT. 7, 1885	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
FLORIST	FLOWERS	NEW JERSEY	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
STELLARIO ANDRONICO	ANNA Bonhom?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No No	??	HOSPITAL RECORDS.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

819.X

Immediate cause (a) SURGICAL SHOCK & LOWER NEPHRON NEPHROSIS — Interval Between Onset and Death: 4 Days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) FRACTURES OF RT. FOOT, RT. ANKLE, FRACTURES DUE TO & DISLOCATION BOTH HIPS, FRACTURED PELVIS,

(c) FRACTURED RIBS, RT. ULNA

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	HIGHWAY	NR. POINT OF ROCKS - FREDERICK - MD.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
8-3-54 6:20 P.M.		PASSENGER IN AUTOMOBILE WHICH STRUCK CULVERT

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Jurie, M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 8-7-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 11, 1954	Hackensack Cemetery	Hackensack, Bergen Co., N.J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug. 7, 1954	Elizabeth G. Hall	M. R. Etchison & Son, Frederick, Maryland

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7504 CERTIFICATE OF DEATH

(07470) 132 Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) T. (Middle) Elmer (Last) Baer

4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 7-23-1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farm owner

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Nicholas P. Baer

14. MOTHER'S MAIDEN NAME: Barbara Hiles

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs Maurice Bussard, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: Suddenly

420.1

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension & Arteriosclerosis

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1952, to Aug 14, 1954, that I last saw the deceased alive on Aug 4, 1954, and that death occurred at 2-35 P, from the causes and on the date stated above.

SIGNATURE J. E. Harp (Degree or title) ADDRESS Middletown DATE SIGNED Aug 15 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8-17-1954 NAME OF CEMETERY OR CREMATORY Lutheran Cemetery LOCATION (City, town, or county) Middletown (State) Md

DATE REC'D BY LOCAL REGISTRAR 8-17-54 REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown, Md.

RECEIVED
SEP 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07471

7477 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 709 Magnolia Avenue

3. NAME OF DECEASED: (Type or Print) (First) BIAGIO (Middle) NUNCIO (Last) BELLASSIA

4. DATE OF DEATH: (Month) August (Day) 27, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 7, 1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Shop Manager

10b. KIND OF BUSINESS OR INDUSTRY: Tailoring Co.

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Salvatore Bellassia

14. MOTHER'S MAIDEN NAME: Maria Teresa Palmieri

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 239-03-0725

17. INFORMANT & ADDRESS: 709 Magnolia Avenue, Mrs. Mary M. Bellassia, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X

		Interval Between Onset And Death
Immediate cause	(a) Hemorrhage into bowel and right pleural cavity	2 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Metastatic carcinoma	3 1/2 mos.
	DUE TO (c) Hypernephroma	4 months plus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-13-54

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Right Lung.

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4, 1954, to 8/27, 1954, that I last saw the deceased alive on 8/27, 1954, and that death occurred at 1:28 pm from the causes and on the date stated above.

SIGNATURE J. R. Schoolman (Degree or title) M.D. ADDRESS 22814 Market St DATE SIGNED 8/28/54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial

DATE THEREOF Aug. 31, 1954

NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery

LOCATION (City, town, or county) Troy, (State) New York

DATE REC'D BY LOCAL REGISTRAR 28 Aug 1954

REGISTRAR'S SIGNATURE Frank R. Smith, Jr.

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

DEPUTY LOCAL REGISTRAR

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 30 1954
BUREAU V. S.

07472

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7505 CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: FREDERICK, (RURAL) Mt. PLEASANT
COUNTY FREDERICK MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK, RURAL Mt. Pleasant.
LENGTH OF STAY (in this place) 76 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick, (Rural) Mt. Pleasant.
STREET ADDRESS (If rural give location) Mt. Pleasant,

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) T. (Last) BISER.

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify): Widowed.
8. DATE OF BIRTH: Sept. 1, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 11 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Petersville, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL G. BISER
14. MOTHER'S MAIDEN NAME: ALBENIA SHAFER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Margaret R. Mullican, Step-Daughter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221

Immediate cause (a) Myocardial hypertrophy & dilatation — Interval Between Onset And Death: 3 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease — 10 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug, 1954, to 1 Aug, 1954, that I last saw the deceased alive on 1 Aug, 1954, and that death occurred at 8:15 PM, from the causes and on the date stated above.
SIGNATURE James E. Stone Jr. (Degree or title) MD
ADDRESS Walkersville, Md
DATE SIGNED 2 Aug 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 4, 1954
NAME OF CEMETERY OR CREMATORY Mt. Olivet.
LOCATION (City, town, or county) FREDERICK, (State) MARYLAND

DATE REC'D BY LOCAL REGISTRAR 3 Aug, 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR ROBERT E. DAILEY ADDRESS Frederick, Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 5 19
BUREAU V. S.

Items 18&21 Film G169 9-2-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07473

7478 CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick // — LENGTH OF STAY (in this place): 38 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick /
STREET ADDRESS (If rural give location): 257 Dill Avenue

3. NAME OF DECEASED: (Type or Print) (First) HANNAH (Middle) AIMIRAH (Last) BROWN

4. DATE OF DEATH: (Month) August (Day) 25, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 25, 1862

9. AGE last birthday: 91 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Compher

14. MOTHER'S MAIDEN NAME: Hannah Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: S. Elmer Brown, 119 Fourteenth Street, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock due to

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Fracture of head of left femur

DUE TO

(c)

Interval Between Onset And Death: 30 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) Acc.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) Fred. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 24, 1954 6 P m.

INJURY OCCURED While at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR? Attempt to get out of chair & fell.

22. I hereby certify that I attended the deceased from Aug. 25, 1954, to Aug. 26, 1954, that I last saw the deceased alive on Aug. 26 1954, and that death occurred at 9:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): M.D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 8/27/1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 28, 1954 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 27 Aug 1954 — REGISTRAR'S SIGNATURE: Frank R. Smith, Jr. — DEPUTY LOCAL REGISTR

24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison & Son, Frederick, Maryland

RECEIVED
AUG 30
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07474

7479 CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 123 West Church Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) CALVIN (Last) BRUST
4. DATE OF DEATH: (Month) August (Day) 5, (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. ~~SINGLE~~, ~~MARRIED~~, ~~WIDOWED~~, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Unknown	63? yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Printer	Commercial Printers	Maryland	USA

13. FATHER'S NAME: George Brust
14. MOTHER'S MAIDEN NAME: Salome Bielefeld

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	214-10-4360	B. A. H. Brust, Frederick, R.F.D.#5, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) For advanced pulmonary TB — ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic gangrene both legs — C mod

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2 Aug '54	arteriosclerotic gangrene Lt lower leg.	Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 July, 1954, to 5 Aug., 1954, that I last saw the deceased alive on 4 Aug., 1954, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert H. Ogden	M.D.	Frederick, Maryland	8/6/1954

23. BURIAL, CREMATION, REMOVAL? (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	August 7, 1954	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6 Aug. 1954	Elizabeth G. Koch	M. R. Etchison & Son,	Frederick, Maryland

VS. A15

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BUREAU V.

07475

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7506

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural Lewistown	~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural Lewistown
LENGTH OF STAY (in this place) 25 yrs	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Annie	(Middle) Virginia	(Last) Burrier	4. DATE OF DEATH	(Month) 8	(Day) 5	(Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct 5- 1882	9. AGE last birthday 71 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME William Fenton Mercer	14. MOTHER'S MAIDEN NAME Jammiah Bartholow						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. -	17. INFORMANT AND ADDRESS Jones L Burrier Frederick R.F.D					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis, recurrent	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating th[illegible] last	(b) Arteriosclerotic CVD	10 years
	(c) Hypertensive CVD	20 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Osteomyelitis, right tibia	40 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1 Aug, 1947, to 5 Aug, 1954, that I last saw the deceased alive on 5 August, 1954 and that death occurred at 8:10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James E. Storey Jr.	MD	Walkersville	5 August 54

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial	DATE THEREOF 8/7-1954	NAME OF CEMETERY OR CREMATORY Chapel	LOCATION (City, town, or county) (State) Libertytown
DATE REC'D BY LOCAL REG. 6 Aug 1954	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR G.C.Barton	ADDRESS Walkersvtlle Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 9 1954
PUBLICATIONS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07476

7480 CERTIFICATE OF DEATH

Reg. Dist. No. 13.1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick "
LENGTH OF STAY (in this place) 12 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial, 4 a 212

2. USUAL RESIDENCE (HOME) OF DECEASED: Monty.
STATE Md. COUNTY Frederick
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Monrovia
STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED: (Type or Print) (First) Joyce (Middle) Elizabeth (Last) Cain
4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 11 Aug 54
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 12 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Infant.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wesley William Cain, Jr.
14. MOTHER'S MAIDEN NAME: Catherine Mary Lowe

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Father - Monrovia, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fetal Atelectasis — Interval Between Onset And Death: 12 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Prematurity — 12 hrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Aug, 1954, to 11 Aug, 1954, that I last saw the deceased alive on 11 Aug, 1954, and that death occurred at 7.59 p.m., from the causes and on the date stated above.
SIGNATURE Am Powers Jr. (Degree or title) M.D. ADDRESS Frederick, md. DATE SIGNED 12 Aug 54

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Aug 13 1954
NAME OF CEMETERY OR CREMATORY Bethesda
LOCATION (City, town, or county) (State) Brookeville, Md
DATE REC'D BY LOCAL REGISTRAR 12 Aug 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR Olin L. Molesworth
ADDRESS Damascus, Md

VS. A15

RECEIVED
AUG 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07477

7507

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cullen
LENGTH OF STAY (in this place) 334 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 30, Maryland
STREET ADDRESS (If rural, give location) 2026 Deering Avenue

3. NAME OF DECEASED (Type or Print): (First) James (Middle) M. (Last) Catitton
4. DATE OF DEATH: (Month) August (Day) 17, (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: 4/20/1897
9. AGE last birthday: 57 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Electrician
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Catitton
14. MOTHER'S MAIDEN NAME: Florence Holloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 212-05-5687
17. INFORMANT AND ADDRESS: James M. Catitton, 2026 Deering Ave., Balto., ~~30, Md.~~

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval between onset and death: 1 month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 17, 19 53 to Aug. 17, 19 54, that I last saw the deceased alive on August 17, 19 54, and that death occurred at 8:55 p. m., from the causes and on the date stated above.

SIGNATURE H. D. Lyon, M.D. (Degree or title) ADDRESS Cullen, Maryland DATE SIGNED August 18, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8-20-54
NAME OF CEMETERY OR CREMATORY: Baltimore Nat'l Cemetery
LOCATION (City, town, or county) (State): 6501 Frederick Rd., Balto. Md.

DATE REC'D BY LOCAL REG. 8/18/54
REGISTRAR'S SIGNATURE H. D. Lyon
24. FUNERAL DIRECTOR ADDRESS: H. H. Witzke, 4101 Edmondson Ave. Balto.,

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7481

CERTIFICATE OF DEATH

Reg. Dist. No. 7474

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) M. (Last) Chambers

4. DATE OF DEATH: (Month) August (Day) 20 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH: March 22, 1869
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Mo. IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Latta Chambers
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Rev. E.D. Bright Thurmont, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral Arteriosclerosis — 5 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Old cerebral hemorrhage 5 yrs. ago.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 1954 to Aug 20, 1954 that I last saw the deceased alive on Aug 20, 1954, and that death occurred at 5:30 pM, from the causes and on the date stated above.

SIGNATURE James K Gray M.D. ADDRESS Thurmont Md. DATE SIGNED Aug. 21-1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Aug. 22. 1954
NAME OF CEMETERY OR CREMATORY: Blue Ridge Cem.
LOCATION (City, town, or county) (State): Thurmont. Fredk. Co. MD.

DATE REC'D BY LOCAL REGISTRAR: Aug. 22 1954
REGISTRAR'S SIGNATURE: Frank R. Smith Jr.
24. FUNERAL DIRECTOR: M.L. Creager & Son. Thurmont. MD ADDRESS

M

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MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
AUG 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07479

7482 CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 11
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fred. Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodsboro, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) C. (Last) Chrobot
4. DATE OF DEATH: (Month) Aug (Day) 8 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): M
8. DATE OF BIRTH: Aug 5 1882
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Lawrence Chrobot
14. MOTHER'S MAIDEN NAME: Katie Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Joshua L. Chrobot

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 48 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease — ? Yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 7, 1954, to Aug 8, 1954, that I last saw the deceased alive on Aug 8, 1954, and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jerry V. Chase M. D. 4 E. Church St. Frederick Md. 8/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug 11 54 NAME OF CEMETERY OR CREMATORY St Michaels LOCATION (City, town, or county) Poplar Springs (State)

DATE REC'D BY LOCAL REGISTRAR 10 Aug. 1954 REGISTRAR'S SIGNATURE Elizabeth G. Heck. 24. FUNERAL DIRECTOR Roy W Barbes ADDRESS Taylorsville

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07480

7483 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 2 Wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Fred.
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural
STREET ADDRESS (If rural give location) Bartonsville, Md.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) William (Last) Davis
4. DATE OF DEATH: (Month) Aug, (Day) 3 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH: April 18, 1884
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Butcher
10b. KIND OF BUSINESS OR INDUSTRY: ~~XXXXXXXXXXXXXXXX~~
11. BIRTHPLACE (State or foreign country): Frederick, Co.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles W. Davis
14. MOTHER'S MAIDEN NAME: Naomi Ross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-10-3872
17. INFORMANT & ADDRESS: Edith Davis Bartonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carcinomia of prostate

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) metastes pelvis + spine

DUE TO Lungs

(c)

Interval Between Onset And Death: Year +

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1953, to Aug 3, 1954, that I last saw the deceased alive on Aug 3, 1954, and that death occurred at 4:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) B. O'Thomas M.D. ADDRESS Frederick, Md. DATE SIGNED Aug 7 1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Aug. 7, 1954
NAME OF CEMETERY OR ~~CREMATORY~~ Bartonsville
LOCATION (City, town, or county) (State) Bartonsville, Md.
DATE REC'D BY LOCAL REGISTRAR 7 Aug. 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Charles E. Hicks III ADDRESS Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7508

CERTIFICATE OF DEATH

07481

Reg. Dist. No. 132

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Braddock Heights
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jefferson Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Braddock Heights
STREET ADDRESS (If rural give location) Jefferson Blvd.

3. NAME OF DECEASED: (Type or Print) (First) ERNEST (Middle) GREEN (Last) DODGE

4. DATE OF DEATH: (Month) August (Day) 27, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 29,1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Special Examiner

10b. KIND OF BUSINESS OR INDUSTRY: Post Off. Dept.

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME: Levant Dodge

14. MOTHER'S MAIDEN NAME: Lucinda Green

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 579-48-3567A

17. INFORMANT & ADDRESS: Jefferson Blvd., Mrs. Mary H. Dodge, Braddock Heights, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval Between Onset And Death: day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease — years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 1954, to 8/27, 1954, that I last saw the deceased alive on 8/27, 1954, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE James B. Thomas (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 8/28/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug.29,1954

NAME OF CEMETERY OR CREMATORY Frederick Memorial Park

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 28 Aug 1954

REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07482

7509

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND

~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Nr. Unionville, MD.

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD COUNTY Frederick.

~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ RD#2 Mt Airy MD

STREET ADDRESS (If rural, give location) Unionville, MD.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Lena Estille Ecker

4. DATE OF DEATH: (Month) (Day) (Year) August 3 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: July 13, 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ~~Housewife~~

11. BIRTHPLACE (State or foreign country): Frederick Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob M. Ecker

14. MOTHER'S MAIDEN NAME: Nettie Harn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Richard Ecker, Unionville, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemmorrhage

DUE TO

Antecedent cause(s) (b) General Debility

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1954, to Aug. 3, 1954, that I last saw the deceased alive on Aug 3, 1954, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

J. A. Missen M.D. Union Bridge Md Aug. 4 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Aug. 6, 1954

NAME OF CEMETERY OR ~~CREMATORY~~: Linganore Cemetery

LOCATION (City, town, or county) (State): Unionville, MD.

DATE REC'D BY LOCAL REG.: 4 Aug 1954

REGISTRAR'S SIGNATURE: Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS: C.M. Waltz Winfield, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 6 1954
REAU V. S.

7484 07483

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) FREDERICK
LENGTH OF STAY (in this place) 20 MINS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEM. HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits write RURAL and give nearest town) OR FREDERICK
STREET ADDRESS (If rural, give location) 504 N. MARKET ST.

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) RUSSELL (Last) EURY

4. DATE OF DEATH (Month) AUG. (Day) 18, (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): MARRIED
8. DATE OF BIRTH: JAN. 2, 1914
9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Operated Own Barber Shop
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: S. Benton Eury
14. MOTHER'S MAIDEN NAME: Bessie Appleby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-07-1916
17. INFORMANT & ADDRESS: Mrs. Alice S. Eury, 504 N. Market St., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) GUNSHOT WOUND OF SKULL + BRAIN — INTERVAL BETWEEN ONSET AND DEATH 30 MINS.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) HOME
21c. (City or town) FREDERICK (County) FREDERICK (State) MD.
21d. TIME OF INJURY (Month) AUG. (Day) 18, (Year) 1954 (Hour) 2:50 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? SELF INFLICTED GUNSHOT WOUND 3 Lead

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Tunie M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8-18-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial
DATE THEREOF 21 Aug 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) Frederick, Maryland (State)

DATE REC'D BY LOCAL REG. 19 Aug. 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

7485

MARYLAND STATE DEPARTMENT OF HEALTH

07484

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 126 West All Saints St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Laryland — COUNTY Fred
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 126 West All Saints St.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Louise (Last) Foreman

4. DATE OF DEATH: (Month) August (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 1, 1881

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ********

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William J. Warfield

14. MOTHER'S MAIDEN NAME: Menzella Lyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: John A. Foreman 8 Carver Apts. Fred. City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr. Cardio Renal Vascular Disease — Interval Between Onset and Death: 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2-, 1953 to 8-16, 1954, that I last saw the deceased alive on 8-16, 1954, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE: H. G. Baumgardner (Degree or title) M.D. ADDRESS Frederick Md. DATE SIGNED 8/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 20, 1954 — NAME OF CEMETERY OR CREMATORY: Fairview — LOCATION (City, town, or county) (State): Frederick Maryland

DATE REC'D BY LOCAL REG.: 18 Aug. 1954 — REGISTRAR'S SIGNATURE: Elizabeth G. Hesh.

24. FUNERAL DIRECTOR: Charles E. Hicks III — ADDRESS: Fred. Md.

RECEIVED
AUG 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07485

7510 **CERTIFICATE OF DEATH** Reg. Dist. No. 144

1. PLACE OF DEATH COUNTY Frederick MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lewistown LENGTH OF STAY (in this place) Lifetime HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lewistown STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Florence (Last) Gaugh

4. DATE OF DEATH: (Month) Aug. (Day) 31. (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Sept.II.1876 | 9. AGE last birthday: 77 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Lewistown Fredk.Co.Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Bowers | 14. MOTHER'S MAIDEN NAME: Susan Elizabeth Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: No | 17. INFORMANT & ADDRESS: Mrs C.Eli Green. Lewistown. Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Myocardial failure	24 hrs.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Chronic myocarditis	4 yrs.
	DUE TO	
	(C) Arteriosclerosis	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	Hypertrophic arthritis	6 yrs.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1948, to Aug. 31, 1954 that I last saw the deceased alive on Aug. 30, 1954, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE: M. Franklin Birly M.D. | ADDRESS: Thurmont Md. | DATE SIGNED: 8/31/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: Sept.3.1954 | NAME OF CEMETERY OR CREMATORY: Utica Cemetery. | LOCATION (City, town, or county) (State): Utica.Fredk Co. Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 3 1954 | REGISTRAR'S SIGNATURE: Blanche S. Eyler | 24. FUNERAL DIRECTOR: M.L.Creager & Som. | ADDRESS: Thurmont. Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

SEP 7 1954

V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07486

7486 CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 30 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) Rt. 5 (Braddock)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Kay (Last) Golibart

4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 14 Aug 54

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mark J. Golibart

14. MOTHER'S MAIDEN NAME: Edith Mildred Cutsail Moore Motley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity (wt 3-11) DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Toxemia of mother DUE TO (c) Atelectasis, bilat.

Interval Between Onset And Death: (a) 30 Hrs (b) (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Aug., 1954, to 15 Aug., 1954, that I last saw the deceased alive on 15 Aug 1954, and that death occurred at 16:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) R L. Guest, MD ADDRESS 76 Church St. Frederick Md DATE SIGNED 15 Aug 54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial DATE THEREOF 16 Aug 1954 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 16 Aug 1954 REGISTRAR'S SIGNATURE Elizabeth J. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son, ADDRESS Frederick, Maryland

07487

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7501

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place) 54 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 West "F" Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 11 West "F" Street

3. NAME OF DECEASED: (Type or Print) (First) Bradley (Middle) T. (Last) Halley Sr.

4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 3-26-1863
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Car Inspector
10b. KIND OF BUSINESS OR INDUSTRY: B & O R. R. Co
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Leonard Halley
14. MOTHER'S MAIDEN NAME: Mary E. Castle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Charles L. Halley Brunswick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Yes

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1954, to 8/4, 1954 that I last saw the deceased alive on 8/3, 1954 and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Brunswick Md DATE SIGNED 8/6/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8-7-54
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) Loretts ville (State) Va.
DATE REC'D BY LOCAL REG. 8/10/54
REGISTRAR'S SIGNATURE Kathryn H. Brown
24. FUNERAL DIRECTOR C. H. Feete and Bro Brunswick ADDRESS Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07488

7511

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Blue Ridge Summit; LENGTH OF STAY (in this place) 31 Yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Blue Ridge Summit
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) E. (Last) Haugh

4. DATE OF DEATH: (Month) (Day) (Year) August 19, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 9/2/1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Eylers Valley Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Harvey Lantz

14. MOTHER'S MAIDEN NAME: Mary C. Winters

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Harry D. Haugh, Blue Ridge Summit Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction, acute

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to 19 Aug, 1954, that I last saw the deceased alive on 19 Aug, 1954, and that death occurred at 4 15 PM from the causes and on the date stated above.

SIGNATURE Harry Hyoungs Jr (Degree or title) MD ADDRESS Blue Ridge Summit, Pa DATE SIGNED 20 Aug 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8/22/54

NAME OF CEMETERY OR CREMATORY Bethel

LOCATION (City, town, or county) Lantz #1 (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 21, 1954

REGISTRAR'S SIGNATURE D B Lyon

24. FUNERAL DIRECTOR Walter Y Grove, Waynesboro Pa ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 2[illegible] 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07489

7487 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1 PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) FREDERICK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) MIDDLETOWN,
STREET ADDRESS (If rural give location) WEST MAIN

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) JACOB (Last) HAUPT
4. DATE OF DEATH: (Month) (Day) (Year) August 27 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): MARRIED
8. DATE OF BIRTH: April 22, 1900
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: LABORER
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: MAURICE E. HAUPT
14. MOTHER'S MAIDEN NAME: ANNA SHANK (HAUPT)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-10-4499
17. INFORMANT & ADDRESS: MRS. ETHEL HAUPT, MIDDLETOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlussion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death: 6 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-22, 1954, to 8-27, 1954 that I last saw the deceased alive on 8-27, 1954, and that death occurred at 1245 P. from the causes and on the date stated above.
SIGNATURE J E Harp (Degree or title) MD ADDRESS Middletown DATE SIGNED 8-28-54

23. BURIAL, CREMATION, REMOVAL, (Specify) BURIAL
DATE THEREOF Aug. 29, 1954
NAME OF CEMETERY OR CREMATORY LUTHERAN
LOCATION (City, town, or county) (State) MIDDLETOWN, FRED. MD.
DATE REC'D BY LOCAL REGISTRAR Aug 29 54
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR GLADHILL Co. ADDRESS MIDDLETOWN, MD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 31 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07450

7488

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Mercer
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ West Middlesex
STREET ADDRESS (If rural give location) 335 South Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) EDWIN (Last) HENNEN
4. DATE OF DEATH: (Month) 8 (Day) 1 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: 26 July 1912
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Hennen
14. MOTHER'S MAIDEN NAME: Mildred White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 211-03-9715
17. INFORMANT & ADDRESS: 335 South St., Mrs. Charles E. Hennen, West Middlesex, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebral thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cerebral atherosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease
Diabetes mellitus

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 19 54, to Aug 1, 19 54, that I last saw the deceased alive on July 3, 19 54, and that death occurred at 11:58 PM, from the causes and on the date stated above.

SIGNATURE Barry J. Pinkett, Jr. (Degree or title) M. D. ADDRESS Walkersville, Maryland DATE SIGNED 2 Aug 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 2 Aug 1954
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) West Middlesex, Pa.

DATE REC'D BY LOCAL REGISTRAR 2 Aug 1954
REGISTRAR'S SIGNATURE Elizabeth G Hecla
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 6 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07491

7489 CERTIFICATE OF DEATH Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1 PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 5 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Frederick RD#5
STREET ADDRESS (If rural give location) Shookstown

3. NAME OF DECEASED: (Type or Print) (First) Ronald (Middle) Wayne (Last) Jones

4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Aug 21, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hobart Leon Jones

14. MOTHER'S MAIDEN NAME: Annabelle Blank

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hobart L. Jones, Frederick R.F.D.#5, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Heart Disease (Transposition of Great vessels)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Aug., 1954, to 26 Aug., 1954, that I last saw the deceased alive on 25 Aug., 1954, and that death occurred at 4:35 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R L Guest MD 7 E. Church St Frederick 26 Aug 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 26, 1954
NAME OF CEMETERY OR CREMATORY Rocky Springs Cemetery
LOCATION (City, town, or county) (State) Frederick County, Maryland

DATE REC'D BY LOCAL REGISTRAR 26 Aug 1954
REGISTRAR'S SIGNATURE Frank R. Smith Jr
DEPUTY LOCAL REGISTRAR

24. FUNERAL DIRECTOR ADDRESS
M. R. Etchison & Son, Frederick, Maryland

AUG 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07492

7490

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY: Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick // — LENGTH OF STAY (in this place): Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 207 Grove Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Frederick

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick //

STREET ADDRESS (If rural give location): 207 Grove Blvd.

3. NAME OF DECEASED: (Type or Print) (First) HARRISON (Middle) NICHOLAS (Last) KEHNE

4. DATE OF DEATH: (Month) August (Day) 22, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed	Sept. 10, 1876	77 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Owner	Maryland	USA

13. FATHER'S NAME: Charles A. Kehne

14. MOTHER'S MAIDEN NAME: Joanna Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	217-10-9342	Mrs. Ellis C. Wachter, 207 Grove Blvd. Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Aplastic Anemia — Interval Between Onset And Death: 6 months +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1954, to Aug. 22, 1954, that I last saw the deceased alive on Aug. 22, 1954, and that death occurred at 2:35 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): B. Thomas M.D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 8/24/1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 25, 1954	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 24 Aug 1954 — REGISTRAR'S SIGNATURE: Frank R. Smith, Jr. — DEPUTY LOCAL REGISTRAR

24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison & Son, Frederick, Maryland

AUG 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07493

7491 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick // LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 121 East Third Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 121 East Third Street

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) BUCKEY (Last) KELTY

4. DATE OF DEATH: (Month) August (Day) 21 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: February 10, 1865
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Month Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry B. Kelty
14. MOTHER'S MAIDEN NAME: Catherine S. Cramer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Robert Mercier--121 East Third Street Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset And Death: 2 hrs
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Acute Cardiac dilatation — 2 hrs
DUE TO

(c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ,1950, to Aug 21, 1954, that I last saw the deceased alive on Aug 21, 1954, and that death occurred at 10:30 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) C. O. Thomas MD ADDRESS Frederick Md DATE SIGNED Aug. 23 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF August 24, 1954 NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery LOCATION (City, town, or county) Frederick, (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 23 Aug 1954 REGISTRAR'S SIGNATURE Frank R. Smith, Jr. DEPUTY LOCAL REGISTRAR
24. FUNERAL DIRECTOR C. E. Cline & Son--8 East Patrick Street Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07494

7512

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wolfsville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wolfsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) (Last) KLine

4. DATE OF DEATH: (Month) 8 (Day) 13 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-17-1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): farm owner
10b. KIND OF BUSINESS OR INDUSTRY: farm
11 BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: [illegible] Kline
14. MOTHER'S MAIDEN NAME: Alcinda Hessing

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Etta Kline, [illegible], Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: weeks

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — yrs.

DUE TO

(c) Hypertension — yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13, 1954, to 8-13, 1954, that I last saw the deceased alive on ....., 19 ....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Louis [illegible] (Degree or title) M.D. ADDRESS 119 S Antietam DATE SIGNED 8/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-16-1954
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) Wolfsville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8-15-1954
REGISTRAR'S SIGNATURE Floy M. Bettle
24. FUNERAL DIRECTOR Gladhill Co., ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07495

CERTIFICATE OF DEATH

7492

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Pleasant
STREET ADDRESS (If rural give location) Mount Pleasant

3. NAME OF DECEASED: (Type or Print) (First) BERTIE (Middle) G. (Last) LINDSAY

4. DATE OF DEATH: (Month) August (Day) 21 (Year) 1954

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 12, 1887

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nimrod W. Etzler

14. MOTHER'S MAIDEN NAME: Augusta Nicodemus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Charles W. Burrier - Mount Pleasant

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,

Immediate cause (a) Uremia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Arthritis

DUE TO

(c) Diabetes

Interval Between Onset And Death 4 Days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1954, to Aug 21, 1954 that I last saw the deceased alive on Aug 20 1954, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A J Mesher ADDRESS Frederick Md DATE SIGNED Aug. 21, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF August 23, 1954

NAME OF CEMETERY OR CREMATORY Central Cemetery

LOCATION (City, town, or county) nr. New London (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 21 Aug 1954

REGISTRAR'S SIGNATURE Frank R. Smith, Jr.

24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland

DEPUTY L...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
AUG 25 1954
BUREAU V. S.

Item 21 Film G169 9-7-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07496

7513 CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Jefferson-Rural RD#1
MARYLAND LENGTH OF STAY (In this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Jefferson

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Jefferson-Rural RD#1
STREET ADDRESS (If rural give location) Near Jefferson

3. NAME OF DECEASED: (Type or Print) (First) NINA (Middle) VIRGINIA (Last) MARRIOTTE

4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: 11 Jan 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles W. Marriotte

14. MOTHER'S MAIDEN NAME: Susan Anna Elizabeth Friday St

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: 225 W. Patrick Dr. Louella Marriotte Hesson, Frederick, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Myocardial decompensation acute	16 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Shock & Exhaustion	2 days
	DUE TO (c)	Fracture of hip	19 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) Acc.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Field nr. home (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? When walking across field, fell in some undetermined manner.

22. I hereby certify that I attended the deceased from 8/4, 1954, to 8/27, 1954, that I last saw the deceased alive on 8/26, 1954, and that death occurred at 8:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) C. L. Brice M.D. ADDRESS Jefferson, Md. DATE SIGNED 8/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 30 Aug 1954
NAME OF CEMETERY OR CREMATORY Reformed Cemetery
LOCATION (City, town, or county) (State) Jefferson, Maryland

DATE REC'D BY LOCAL REGISTRAR 30 Aug 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

SEP 1
V. S.

7493

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 07497

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - ■ - 53

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) FREDERICK
LENGTH OF STAY (in this place) 2 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
~~CITY~~ OR TOWN (If outside corporate limits write RURAL and give nearest town) NEW MARKET
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) RAYMOND (Middle) JEFFERSON (Last) McDONOUGH

4. DATE OF DEATH (Month) AUG. (Day) 30 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Jan. 15, 1905

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Road Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Luther C. McDonough

14. MOTHER'S MAIDEN NAME: Mary Renick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 214-34-7563

17. INFORMANT & ADDRESS: Mrs. Daisy H. McDonough, New Market, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) GUNSHOT WOUND OF HEAD AND BRAIN — Interval between onset and death: 2 HRS.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY HIGHWAY

21c. (City or town) NR. NEW MARKET (County) FREDERICK (State) MD.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 8-30-54 ca 3:20 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? SELF-INFLICTED RIFLE WOUND -22 cal.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Durie M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-30-54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial

DATE THEREOF Sept. 2, 1954

NAME OF CEMETERY OR ~~CREMATORY~~ Methodist Cemetery

LOCATION (City, town, or county) Hyattsville, Maryland (State)

DATE REC'D BY LOCAL REG. 1 Sept. 1954

REGISTRAR'S SIGNATURE Elizabeth B. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son

ADDRESS Frederick, Maryland

SEP 2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07498

CERTIFICATE OF DEATH

7514 Reg. Dist. No. 139

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Sabillasville; LENGTH OF STAY (in this place) 50 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Frederick; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Sabillasville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) William (Middle) Lewis (Last) McKissick

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 23. 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Oct. 17. 1895

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Victor Cullen Hospital

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James S. Mc Kissick

14. MOTHER'S MAIDEN NAME: Katherine Mc Clain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) Yes (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Mrs Ruth McKissick Sabillasville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlossion — INTERVAL BETWEEN ONSET AND DEATH: 15 Min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized Arteriosclerosis — 3 YEARS

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension — 6 YEARS

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 6, 1949, to Aug. 23, 1954, that I last saw the deceased alive on Aug. 15, 1954, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE Ross L. Tench M.D. ADDRESS M. D. 117 W. Main St. Waynesboro Pa. DATE SIGNED 8-25-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug. 26th. 1954 — NAME OF CEMETERY OR CREMATORY Blue Ridge Cem. — LOCATION (City, town, or county) (State) Thurmont Fredk. Co Md.

DATE REC'D BY LOCAL REGISTRAR Aug. 26, 1954 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR M. L. Creager & Son — ADDRESS Thurmont. MD

VS. A15 — 10 - 53

1954
LIBRARY U. S.

7515 **MARYLAND STATE DEPARTMENT OF HEALTH** 07499

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, New Midway; LENGTH OF STAY (in this place) 3 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, New Midway; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) the usual Both names (Middle) Kaufman (Last) MERCER; FRANCIS JOHN

4. DATE OF DEATH: (Month) Aug. (Day) 31 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 15, 1900

9. AGE last birthday: 54 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lime Plant

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Mercer

14. MOTHER'S MAIDEN NAME: Lucinda Naugle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 214-16-8428

17. INFORMANT AND ADDRESS: Mrs. [illegible], [illegible] Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Carcinomatosis	6 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Liver	1 yr.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic myocarditis	?

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1954, to Aug. 31, 1954, that I last saw the deceased alive on Aug. 30, 1954, and that death occurred at 6:20 A.m., from the causes and on the date stated above.

SIGNATURE M. Franklin Bixler (Degree or title) M.D. ADDRESS Thurmont, Md. DATE SIGNED 9/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF Sept. 2 1954; NAME OF CEMETERY OR CREMATORY Mt Hope cemetery; LOCATION (City, town, or county) Woodsboro (State) Md.

DATE REC'D BY LOCAL REG. 9/2/54; REGISTRAR'S SIGNATURE L C Powell

24. FUNERAL DIRECTOR ADDRESS: G. C. Barton, Walkersville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07560

CERTIFICATE OF DEATH

7502

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 406 West Potomac St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick; STREET ADDRESS (If rural, give location) 406 West Potomac

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) Edward (Last) Mullen

4. DATE OF DEATH: (Month) August (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 11-1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Skilled Foreman

10b. KIND OF BUSINESS OR INDUSTRY: B+O R.R. Shops

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Mullen

14. MOTHER'S MAIDEN NAME: Bridget Tierney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 705-10-2442

17. INFORMANT & ADDRESS: Mrs. Ethel Stickley Mullen Brunswick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hem DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral Hem DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: (a) Hours (b) Aug 1948

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9 1954 to 8/14 1954, that I last saw the deceased alive on 8/12 1954, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D. ADDRESS Brunswick Md. DATE SIGNED 8-16-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF 8-17-54; NAME OF CEMETERY OR CREMATORY Park Heights; LOCATION (City, town, or county) (State) Brunswick, Maryland

DATE REC'D BY LOCAL REG. Aug. 17-54; REGISTRAR'S SIGNATURE Kathryn H. Brown

24. FUNERAL DIRECTOR C. A. Feete & Bro ADDRESS Brunswick Md.

RECEIVED
AUG 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07501

7494 CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick //
LENGTH OF STAY (in this place): 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Three Pines Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick //
STREET ADDRESS (If rural give location): 405 Center Street

3. NAME OF DECEASED (Type or Print): (First) KATIE (Middle) PAULINE (Last) NEWTON

4. DATE OF DEATH: (Month) August (Day) 31 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, ~~WIDOWED~~, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: September 20, 1893

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Axline

14. MOTHER'S MAIDEN NAME: Margaret J. Shoemaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-07-1895

17. INFORMANT & ADDRESS: Mrs. Roy E. Baker--24 Norva Avenue--Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Carcinoma — Cervix	2 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Carcinomatosis	6 months
	DUE TO (c)	Diabetes Mellitus	6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1952, to Aug. 31, 1954, that I last saw the deceased alive on Aug 30, 1954, and that death occurred at 12:05 a.m., from the causes and on the date stated above.

SIGNATURE: Thomas E Stone (Degree or title) M.D. — ADDRESS: 4. W 3rd St — DATE SIGNED: 31 Aug '54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial — DATE THEREOF: 9-2-1954 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 31 Aug. 1954 — REGISTRAR'S SIGNATURE: Elizabeth S. Hash

24. FUNERAL DIRECTOR ADDRESS: C. E. Cline & Son--8 East Patrick Street, Frederick, Maryland

VS. A15

1954

BUREAU V. S.

7516 **MARYLAND STATE DEPARTMENT OF HEALTH** 07502

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Pleasant
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) (Last) NUSBAUM

4. DATE OF DEATH (Month) Aug (Day) 26 (Year) 1954

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb. 20, 1872
9. AGE last birthday 82 If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME F. W. Nusbaum
14. MOTHER'S MAIDEN NAME Sarah Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs. Edw. Mercer, Fred., Route 1. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarct

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis

(c)

INTERVAL BETWEEN ONSET AND DEATH 5 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1952, to Aug 26, 1954, that I last saw the deceased alive on Aug 26, 1954 and that death occurred at 3.30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Klein M.D. ADDRESS Frederick Md DATE SIGNED Aug 28 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/28/54
NAME OF CEMETERY ~~OR CREMATORY~~ Chapel
LOCATION (City, town, or county) Mt. Libertytown (State) Md.

DATE REC'D BY LOCAL REG. 28 Aug 1954
REGISTRAR'S SIGNATURE Frank R. Smith, Jr.
24. FUNERAL DIRECTOR G. C. Barton, Walkersville, ADDRESS Md.

DEPUTY LOCAL REGISTRAR

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AUG

7495 07503

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

1. PLACE OF DEATH:
COUNTY FREDERICK MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS EN ROUTE FRED. MEM. HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY -
CITY (If outside corporate limits write RURAL and give nearest town) OR ~~TOWN~~ BALTIMORE
STREET ADDRESS (If rural, give location) 708 WYNDHURST AVE.

3. NAME OF DECEASED: (Type or Print) (First) FRANCES (Middle) ALBERT (Last) PLEASANTS
4. DATE OF DEATH (Month) (Day) (Year) AUG. 29, 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): WIDOW
8. DATE OF BIRTH: Feb 9 1877
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Albert
14. MOTHER'S MAIDEN NAME: Maria Bascomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No: None
17. INFORMANT & ADDRESS: Talbot Albert Jarrettsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DEPRESSED FRACTURE OF SKULL — INTERVAL BETWEEN ONSET AND DEATH: MINS.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) HIGHWAY
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) AUG. 29, 1954 @ 9:00 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? TWO CAR COLLISION, DECEASED PASSENGER

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Robert J. Furie, M.D. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED

23. BURIAL, ~~CREMATION,~~ ~~REMOVAL~~ (Specify): Burial
DATE THEREOF Sept 1 1954
NAME OF CEMETERY OR CREMATORY Green Mount
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 1 Sept 1954
REGISTRAR'S SIGNATURE Elizabeth S. Heck.
24. FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. ADDRESS 4905 York Rd Balto 12 Md

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07504

7517

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kemptown
LENGTH OF STAY (in this place) 9 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kemptown (Route 2-Monrovia)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kemptown
STREET ADDRESS (If rural, give location) Kemptown (Route 2-Monrovia)

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) Clarence (Last) Putman
4. DATE OF DEATH (Month) August (Day) 12 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 10, 1884
9. AGE last birthday 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Own Farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Noah Hamilton Putman
14. MOTHER'S MAIDEN NAME Ida Stauffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY No. 213-20-2553
17. INFORMANT AND ADDRESS Mrs. Raymond C. Putman, Kemptown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart Disease	8 years.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1952, to Aug., 1954, that I last saw the deceased alive on July 12, 1954, and that death occurred at 9 A.m., from the causes and on the date stated above.

SIGNATURE W.B. Culwell (Degree or title) M.D. ADDRESS Mt. Airy, Md. DATE SIGNED August 12, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 15, 1954
NAME OF CEMETERY OR CREMATORY Mountain View
LOCATION (City, town, or county) (State) Alpha, Howard Co., Md.

DATE REC'D BY LOCAL REG. Aug. 14, 1954
REGISTRAR'S SIGNATURE Raymond F. Day Deputy
24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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SX
135

SEP 1
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

7496

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07505

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY FREDERICK — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN
STREET ADDRESS (If rural, give location) 9114 LIBERTY ROAD

3. NAME OF DECEASED (Type or Print): (First) DELLA (Middle) I (Last) RADCLIFFE

4. DATE OF DEATH: (Month) AUG. (Day) 17, (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) MARRIED

8. DATE OF BIRTH: 1882

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MATHIAS SAGAR

14. MOTHER'S MAIDEN NAME: CATHERINE FUGLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL CONCUSSION — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) PULMONARY ATELECTASIS
(c) BILATERAL RIB FRACTURES

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: HIGHWAY — (CITY OR TOWN): NR. LIBERTY TOWN — (COUNTY): FREDERICK — (STATE): MD.

TIME OF INJURY (Month) (Day) (Year) (Hour): AUG. 15, 1954 @ 9:30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? TWO CAR COLLISION

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, ~~Inspection~~ or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Robert J. Furie, M.D. — 620 Lee Place, Frederick, Md. — 8-17-54

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): Burial — DATE THEREOF: 8/19/54 — NAME OF CEMETERY ~~OR CREMATORY~~: Rocky Hill — LOCATION (City, town, or county) (State): Mt. Woodsboro, Md.

DATE REC'D BY LOCAL REG.: 19 Aug. 1954 — REGISTRAR'S SIGNATURE: Elizabeth G. Hahn

24. FUNERAL DIRECTOR — ADDRESS: G. C. Barton, Walkersville, Md.

RECEIVED
AUG 20
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07506

7518

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: NR. MT. PLEASANT
COUNTY: FREDERICK MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick-Rural R.F.D.#1
LENGTH OF STAY (In this place): Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Chesnut Grove Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 228 West Patrick St.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Clinton (Last) Reynolds
4. DATE OF DEATH: (Month) Aug. (Day) 11 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH: Feb. 4, 1918
9. AGE last birthday: 36 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker
10b. KIND OF BUSINESS OR INDUSTRY: Aircraft Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George C. Reynolds
14. MOTHER'S MAIDEN NAME: Gertrude Long
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY No.: 220-16-0164
17. INFORMANT AND ADDRESS: Mrs. Belva H. Reynolds, Frederick, Maryland 228 West Patrick St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carbon Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH: 30 min (?)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE: Charles H Conley, Jr. M.D. (Degree or title) Asst Dep. Med. Exam.
ADDRESS: Frederick Maryland
DATE SIGNED: 11 Aug. 1954

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial
DATE THEREOF: Aug. 13, 1954
NAME OF CEMETERY OR CREMATORY: Central Cemetery
LOCATION (City, town, or county) (State): Frederick County, Md.
DATE REC'D BY LOCAL REG.: August 11, 1954
REGISTRAR'S SIGNATURE: Elizabeth G. Hack
24. FUNERAL DIRECTOR ADDRESS: D. D. Hartzler & Sons, New Windsor, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 075O7

7519 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1 PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 212 Dill Avenue

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) HENRY (Last) RICE

4. DATE OF DEATH: (Month) August (Day) 22, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 28, 1884

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Farm

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oliver Rice

14. MOTHER'S MAIDEN NAME: Martha J. Staubs

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 217-10-9232

17. INFORMANT & ADDRESS: 212 Dill Avenue, Mrs. Nannie C. Rice, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Parkinsons Disease — Interval Between Onset And Death: 2 5 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c) Exhaustion — 3 mths

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 42, to Aug 22, 1954, that I last saw the deceased alive on 8-22, 1954, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J Laurence Fahrney M. D.
ADDRESS Frederick, Maryland
DATE SIGNED 8/24/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 25, 1954
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) (State) Middletown, Maryland

DATE REC'D BY LOCAL REGISTRAR 25 Aug 1954
REGISTRAR'S SIGNATURE Frank R. Smith, Jr.

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland
ADDRESS

DEPUTY CLERK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 26 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07508

7520 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick - Rural
LENGTH OF STAY (in this place) 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 428 North Bentz Street

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) MAY (Last) RICE

4. DATE OF DEATH: (Month) August (Day) 1, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widow

8. DATE OF BIRTH: Sep. 3, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Delaughter

14. MOTHER'S MAIDEN NAME: Anne Main

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: 905 Mt. Holly Street, Mrs. Dorothy M. Bratt, Baltimore, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Thrombosis, Right	4 weeks
DUE TO		
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Hemiplegia Left	3 weeks
DUE TO		
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952, to 1 Aug, 1954, that I last saw the deceased alive on 1 Aug, 1954, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE Thomas E Stine (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 8/2/1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial

DATE THEREOF August 4, 1954

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 3 Aug 1954

REGISTRAR'S SIGNATURE Elizabeth G Hecks

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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BUREAU V. S.

07509

MARYLAND STATE DEPARTMENT OF HEALTH

7521

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cullen | LENGTH OF STAY (in this place) 348 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 24,
STREET ADDRESS (If rural, give location) 637 S. Newkirk Street

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) L. (Last) Roberts
4. DATE OF DEATH: (Month) August (Day) 18, (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Mar. 3, 1901
9. AGE last birthday: 53 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker
10b. KIND OF BUSINESS OR INDUSTRY: Steel Worker
11. BIRTHPLACE (State or foreign country): Cumberland, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lemuel F. Roberts
14. MOTHER'S MAIDEN NAME: Mary A. Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 203-0727-66
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 2 years.

0022

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 4, 1953, to Aug. 18, 1954, that I last saw the deceased alive on Aug. 18, 1954, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. B. Lyon, M.D. | ADDRESS Cullen, Maryland | DATE SIGNED August 19, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Aug. 21, 1954 | NAME OF CEMETERY OR CREMATORY Moreland Mem. Cem. | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 8/19/54 | REGISTRAR'S SIGNATURE S B Lyon

24. FUNERAL DIRECTOR | ADDRESS ULRICH FUNERAL HOME 2112 Dundalk Ave.

RECEIVED
AUG 23 1954
BUREAU V. S.

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07510

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pt. of Rocks
LENGTH OF STAY (in this place) 18 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glennerrie Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Libertytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mittie (Middle) ✓ (Last) Sappington
4. DATE OF DEATH (Month) Aug (Day) 7 (Year) 1954
5. SEX female
6. COLOR OR RACE white
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) widowed
8. DATE OF BIRTH 3/28/1873
9. AGE last birthday 81 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas Warfield Simpson
14. MOTHER'S MAIDEN NAME Rachel Virginia James
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Lyman Sappington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the liver — 6 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — 7 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1953, to Aug 7, 1954, that I last saw the deceased alive on Aug 6, 1954, and that death occurred at 7 20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Henry V. Chase M.D. 4 E. Church St. Frederick Md. 8/9/54

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify) Burial
DATE 8/11/54
NAME OF CEMETERY OR CREMATORY St Peters
LOCATION (City, town, or county) Libertytown (State) MD

DATE REC'D BY LOCAL REG. 10 Aug 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Henry E. Couty Co ADDRESS Frederick Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07511

7497 CERTIFICATE OF DEATH Reg. Dist. No. 131

1 PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (In this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural give location) 211 South Market Street

3. NAME OF DECEASED: (Type or Print) (First) LUCY (Middle) MEDORA (Last) SCHROEDER
4. DATE OF DEATH: (Month) August (Day) 28, (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: October 9, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Lewis Hildebrand
14. MOTHER'S MAIDEN NAME: Laura V. Staley
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 219-20-3124
17. INFORMANT & ADDRESS: 211 South Market Street Mr. George T. Schroeder Sr., Frederick, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal obstruction — Interval Between Onset And Death: hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) General Carcinamatosis — Interval Between Onset And Death: months

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION General Carcinomatosis Intestines & Liver
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 19 54, to Aug 28, 19 54, that I last saw the deceased alive on Aug 28, 1954, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

SIGNATURE E. P. Thomas (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 8/28/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 31, 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 31 Aug. 1954
REGISTRAR'S SIGNATURE Elizabeth S. Hoch
24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07512

7498 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY CARROLL
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Taneytown
STREET ADDRESS (If rural give location) Route #1.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) A (Last) Six
4. DATE OF DEATH: (Month) August (Day) 12 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: May 23-1904
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Sewing.
10b. KIND OF BUSINESS OR INDUSTRY: Tailor
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ulysiss Bowers
14. MOTHER'S MAIDEN NAME: Margaret Storm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 213-12-8112
17. INFORMANT & ADDRESS: Roscoe E. Six Taneytown Rt 1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage — Interval Between Onset And Death: 17 days.
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Duodenal Ulcer
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: 31 July 1954
19b. MAJOR FINDINGS OF OPERATION: Duodenal ulcer
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ — Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 26 July, 1954, to 12 August, 1954, that I last saw the deceased alive on 12 August, 1954, and that death occurred at 11:30 A.M., from the causes and on the date stated above.
SIGNATURE Melvin E. Lea (Degree or title) M.D. ADDRESS 35 E. Church St Frederick, Md DATE SIGNED 12 Aug 1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF Aug. 16, 1954
NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery
LOCATION (City, town, or county) Taneytown Carroll Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR 12 Aug. 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR C. O. Fuss & Son Taneytown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

REÇU
1954
BUREAU V. S.

07513

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7523 **CERTIFICATE OF DEATH** Reg. Dist. No. 141

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Knoxville
LENGTH OF STAY (in this place) 68 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Farm X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Knoxville
STREET ADDRESS (If rural, give location) Farm

3. NAME OF DECEASED: (Type or Print) (First) Ira (Middle) McDuell (Last) Staley

4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 1954

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 9-8-1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Crops, Farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Octavius Staley
14. MOTHER'S MAIDEN NAME: Ann McDuell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Myrtle Algeo Ruch Staley Knoxville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
434.1
Immediate cause (a) Acute Coronary Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: [illegible]
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 1954, to 8/27, 1954, that I last saw the deceased alive on 8/27, 1954, and that death occurred at 3:30 P.m., from the causes and on the date stated above.
SIGNATURE [illegible] Carpenter (DEGREE OR TITLE) [illegible] ADDRESS [illegible] DATE SIGNED 8/28/54

23. BURIAL, CREMATION REMOVAL Burial DATE THEREOF 8-30-1954
NAME OF CEMETERY OR CREMATORY St. Marks
LOCATION (City, town, or county) (State) Petersville, Maryland.

DATE REC'D BY LOCAL REG. Aug. 28. 54
REGISTRAR'S SIGNATURE Kathryn H. Brown
24. FUNERAL DIRECTOR C.H. Feete and Bro. Brunswick, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 31 1954
BUREAU V. S.

07514

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7524

CERTIFICATE OF DEATH

Reg. Dist. No. 144

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY: Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Thurmont
STATE: MARYLAND
LENGTH OF STAY (in this place): 6yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Thurmont
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Ethel (Middle) Mae (Last) Staub

4. DATE OF DEATH: (Month) Aug. (Day) 1st. (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Feb. 20. 1875
9. AGE last birthday: 79 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Frederick Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pierce Smith. ~~Rachael~~ ~~Unknown~~
14. MOTHER'S MAIDEN NAME: Rachael Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT & ADDRESS: Mrs Thomas Penwell. Thurmont.R.D. Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420 / IMMEDIATE CAUSE	(A) Heart disease, Coronary occlusion	10 Minutes.
ANTECEDENT CAUSE (B)	DUE TO (B) Arteriosclerosis, Coronary	2 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.: None
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Aug 1 , 1954 to Aug 1, 1954 that I last saw the deceased alive on June 1 , 1954 and that death occurred at 10:30 P.M. from the causes and on the date stated above.
SIGNATURE AND TITLE OF M. D.: James F. Gray
ADDRESS: Thurmont Md.
DATE SIGNED: Aug. 2 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Aug. 4th. 1954
NAME OF CEMETERY OR CREMATORY: Blue Ridge Cem.
LOCATION (City, town, or county) (State): Thurmont. Fredk Co. MD.

DATE REC'D BY LOCAL REGISTRAR: Aug. 3 1954
REGISTRAR'S SIGNATURE: Blanche L. Eyler
24. FUNERAL DIRECTOR AND ADDRESS: M. L. Creager & Son-Thurmont, Md.

AUG 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07515

7525 CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Emmitsburg, Md.
LENGTH OF STAY (in this place) 20 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emmitsburg, R.D.# 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Emmitsburg, Md.
STREET ADDRESS (If rural give location) Emmitsburg, R.D.# 1

3. NAME OF DECEASED: (Type or Print) (First) Pauline (Middle) Gertrude (Last) Stouter

4. DATE OF DEATH: (Month) Aug. (Day) 7, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 12, 1912

9. AGE last birthday: 42 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frederick County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bollinger

14. MOTHER'S MAIDEN NAME: Lucy Lawrence

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Marion Stouter Emmitsburg, Md. R.D.# 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: neurofibromatosis malignant cerebral, (von Recklinghausen disease) — Interval Between Onset And Death: 3 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 1952 | 19b. MAJOR FINDINGS OF OPERATION: multiple neurofibromata of brain | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 52, to Aug 7 54, that I last saw the deceased alive on Aug 7 54, and that death occurred at 5 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) W. R. Cadle M D ADDRESS Emmitsburg Md DATE SIGNED 8-9-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug. 10, 1954 | NAME OF CEMETERY OR CREMATORY New St. Joseph | LOCATION (City, town, or county) (State) Emmitsburg, Frederick Co. Md.

DATE REC'D BY LOCAL REGISTRAR Aug 9-1954 | REGISTRAR'S SIGNATURE W. F. Shuff

24. FUNERAL DIRECTOR: S. L. Allison ADDRESS Emmitsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 15 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07516

7526 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick - Rural
LENGTH OF STAY (in this place) 2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) 138 East Fifth Street

3. NAME OF DECEASED: (Type or Print) (First) LILLIE (Middle) CENTENNIAL (Last) SULCER
4. DATE OF DEATH: (Month) August (Day) 3, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single
8. DATE OF BIRTH: May 20, 1876
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Sulcer
14. MOTHER'S MAIDEN NAME: Mary Catherine Hale

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ~~No~~ No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: 138 East Fifth Street, Mrs. Lester E. Haller, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 10 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Artero Sclerosis — 5 yrs +

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1950, to Aug. 3, 1954, that I last saw the deceased alive on Aug. 2, 1954, and that death occurred at 3:40 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 8/4/1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF August 5, 1954
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 4 Aug. 1954
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
AUG 6 1954
BUREAU V. S.

7527 MARYLAND STATE DEPARTMENT OF HEALTH 07517

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 144

Items 8,9, Film G170 9-15-54 et

1. PLACE OF DEATH: COUNTY FREDERICK — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN THURMONT — LENGTH OF STAY (In this place) 60 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MISSISSIPPI — COUNTY Humphreys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belzoni
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN		THOMAS	AUG.	30	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	NEGRO	MARRIED	Unknown	Approx. 70 Yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Miss.	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unknown Unknown	426-68-2387	Herbert L. Thomas. Belzoni Miss.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE CONGESTIVE HEART FAILURE — 1 HR.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE-ARTERIOSCLEROTIC HEART DISEASE YRS.

(c) NEPHROSCLEROSIS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BENIGN PROSTATIC HYPERTROPHY

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. NONE	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy X Inspection __, Inquiry __ thereon and from the evidence obtained by said Autopsy, ~~Inspection~~ or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide __, homicide __, undetermined __.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert J. Jurie, M.D.	Rte #6, Frederick, Md.	8-30-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Sept. 3. 54	Belzoni XXXX	Belzoni. Miss

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Sept. 3 1954	Blanche S. Eyler	M.L. Creager & Son Thurmont. MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Be sure write the causes of death clearly and legibly.

VS. A15A

SEP 7
U V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07518

7528 **CERTIFICATE OF DEATH** Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick - Rural; LENGTH OF STAY (in this place) Weeks	CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital	STREET ADDRESS (If rural give location) 309 Madison Street

3. NAME OF DECEASED: (Type or Print) (First) LELIA (Middle) CALLILY (Last) TOWNES

4. DATE OF DEATH: (Month) August (Day) 4, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): Widow

8. DATE OF BIRTH: Unknown

9. AGE last birthday: ? 64 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Handsewer

10b. KIND OF BUSINESS OR INDUSTRY: Tailoring Company

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rasimus Jones

14. MOTHER'S MAIDEN NAME: Sarah (Last Name Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 220-07-5045

17. INFORMANT & ADDRESS: 564 23rd. Place, N.E., Mrs. Georgia J. Johnson, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ch. Cardio Renal Vascular Disease — Interval Between Onset And Death 5 yr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5, 1952, to 8-3, 1954, that I last saw the deceased alive on Aug 3, 1954, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

SIGNATURE M. T. Bourne Jr. (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 8/6/1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial DATE THEREOF August 7, 1954 NAME OF CEMETERY OR CREMATORY Fairview Cemetery LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 6 Aug. 1954 REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07519

7529 CERTIFICATE OF DEATH Reg. Dist. No. 134

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Anthony's
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Anthony's
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Russell (Last) Wetzel

4. DATE OF DEATH: (Month) August (Day) I8 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH April I6, I897

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mason

10B KIND OF BUSINESS OR INDUSTRY: Contract Work.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13 FATHER'S NAME: Albert C. Wetzel

14. MOTHER'S MAIDEN NAME: Susan Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.War I

16. SOCIAL SECURITY NO. 213-10-9390

17. INFORMANT & ADDRESS: R.D. Mrs. Mariana Wetzel Emmitsburg, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Hypertensive - arteriosclerotic cardio-vascular renal disease — Several years

(C) Generalized arteriosclerosis — Several years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to Aug, 1954, that I last saw the deceased alive on March, 1954, and that death occurred at I0:30 P.M., from the causes and on the date stated above.

SIGNATURE Charles R Williams M.D. ADDRESS Emmitsburg Md DATE SIGNED Aug 20 1954.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug. 2I I954

NAME OF CEMETERY OR CREMATORY St. Anthony's

LOCATION (City, town, or county) (State) St. Anthony's, Md.

DATE REC'D BY LOCAL REGISTRAR Aug 30 1954

REGISTRAR'S SIGNATURE M. F. Smith

24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Thurmont, MD

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (17520)

7530 CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY FREDERICK, MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): (RURAL) FREDERICK, Rt.4,

LENGTH OF STAY (in this place): All Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY FREDERICK

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): (RURAL) FREDERICK, Rt. # 4.

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) CLEVELAND (Last) WILES

4. DATE OF DEATH: (Month) Aug. (Day) 21, (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Aug. 10, 1887

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months 0 Days 11 IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Stock Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Retired Stock Dlr.

11. BIRTHPLACE (State or foreign country): Frederick,

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN E. WILES

14. MOTHER'S MAIDEN NAME: AMANDA GLADHILL

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1, Sts World

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: BLANCHE KLIPP WILES, (WIFE) Frederick, Rt.4

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Cerebral Thrombosis	7days.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	DUE TO (b)	Embolism	7days.
	DUE TO (c)	Endocarditis with Thrombus	8 mo

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1+, 19 54, to 8/24, 19 54, that I last saw the deceased alive on 8/24, 19 54, and that death occurred at 1 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Talbot Price M.D. ADDRESS Jefferson Md DATE SIGNED 8/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 24 1954 NAME OF CEMETERY OR CREMATORY Mt. Olivet LOCATION (City, town, or county) FREDERICK (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 23 Aug 1954 REGISTRAR'S SIGNATURE Frank R. Smith Jr. DEPUTY LOCAL REGISTRAR

24. FUNERAL DIRECTOR ROBERT E. DAILEY, ADDRESS FREDERICK, Md.

RECEIVED
AUG 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7499

CERTIFICATE OF DEATH

07521

Reg. Dist. No. 131

Item 8 Film G169 9-3-54 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick

LENGTH OF STAY (in this place): Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Frederick

CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick

STREET ADDRESS (If rural give location): 701 Rosemont Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
LUCIE	KEPLER	WILLARD	August	27,	1954

5. SEX:	6. COLOR OR RACE:	7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widow	March 1, 1872	72 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John L. Kepler	Clara Doub

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	None	R. F. D. #3, Paul L. Willard, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Uremia	4 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertensive Cerebral vascular	3 weeks
	DUE TO (c) Coronary Sclerosis	5 yrs +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from [illegible], 1948, to Aug. 27, 1954, that I last saw the deceased alive on Aug. 27, 1954, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M. D.	Frederick, Maryland	8/28/1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 30, 1954	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
30 Aug. 1954	Elizabeth L. Hedges	M. R. Etchison & Son,	Frederick, Maryland

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07522

7500 CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Since 8/9/41
HOSPITAL OR INSTITUTION OR STREET ADDRESS I. O. O. F. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Baltimore
STREET ADDRESS (If rural give location) 273 West North Avenue

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) JOSEPH (Last) WILMOT

4. DATE OF DEATH: (Month) 8 (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: 1 June 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Cook

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George H. Wilmot

14. MOTHER'S MAIDEN NAME: Josephine Bolden

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: I. O. O. F. Home, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic myocarditis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Aortic aneurism

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-, 19 50, to 8-17-, 19 54, that I last saw the deceased alive on 8-16-, 19 54, and that death occurred at 11 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

For M. Smith M. D. Frederick, Maryland 17 Aug 1954

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial | DATE THEREOF 19 Aug 1954 | NAME OF CEMETERY OR CREMATORY Lorraine Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 18 Aug. 1954 | REGISTRAR'S SIGNATURE Elizabeth L. Heck.

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

VS. A15

RECEIVED
AUG 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7531 CERTIFICATE OF DEATH

07523

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Frederick-Rural-R.D.#4 X

LENGTH OF STAY (in this place) Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Churchill X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Frederick

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural-R.D.#4 X

STREET ADDRESS (If rural give location) Churchill

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELLEN (Last) ZIMMERMAN

4. DATE OF DEATH: (Month) August (Day) 21, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 11, 1877

9. AGE last birthday: 77 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel M. Whipp

14. MOTHER'S MAIDEN NAME: Mary Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 212-24-6563B

17. INFORMANT & ADDRESS: Harvey L. Zimmerman, Frederick, R.F.D.#4, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Arteriosclerotic heart disease & failure — Interval Between Onset And Death: day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Bronchial asthma — month

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15, 1954, to 8/21, 1954, that I last saw the deceased alive on 8/20, 1954, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE James B. Thoreson (Degree or title) M.D. — ADDRESS Frederick, Maryland — DATE SIGNED 8/23/1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF August 23, 1954 — NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 23 Aug 1954 — REGISTRAR'S SIGNATURE Frank R. Smith Jr. — DEPUTY LOCAL REGISTRAR

24. FUNERAL DIRECTOR — ADDRESS M. R. Etchison & Son, Frederick, Maryland

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AUG 25 1954
BUREAU V. S.